

Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, Virginia 23219 http://www.cns.state.va.us/dmas

MEDICAID MEMO

TO: Community Services Boards and Private Providers

Participating in the Virginia Medical Assistance Program

FROM: Dennis G. Smith, Director

Department of Medical Assistance Services

SUBJECT: Emergency Criteria for the Mental Retardation Waiver

MEMO Special
DATE 8-24-00

The purpose of this memorandum is to provide information about the Emergency Criteria to be used when submitting requests for Mental Retardation (MR) Waiver Services for individuals in emergency situations.

The development of the criteria for determining an emergency request for MR Waiver Services was a collaborative effort between the Department of Medical Assistance Services (DMAS), the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), the Virginia Association of Community Services Boards (VACSB), Mental Retardation Council Representatives, Community Services Boards, advocacy groups, private providers, and families and consumers of the services provided within the MR Waiver. Before an emergency request is submitted to DMHMRSAS, one of the following criteria must be met:

- 1. The primary caregiver has a serious illness, has been hospitalized, or has died.
- 2. The individual has been determined by the Department of Social Services to have been abused or neglected and needs immediate services.
- 3. The individual has behaviors which present risk to personal or public safety.
- 4. The individual presents extreme physical, emotional, or financial burden at home and the family/caregiver is unable to provide care.
- 5. Individuals are aging out of publicly funded residential placements or otherwise becoming homeless.

When submitting an emergency request for services, please submit the following information:

- 1. Waiver Enrollment Request or Service Authorization Request The Waiver Enrollment Request must clearly indicate that this is an emergency in the comments section, and the Service Authorization Request must have emergency written across the top; and
- 2. A narrative description of the case, including: a complete, detailed description of the emergency circumstances; a description of the supports or services that the individual is currently receiving and a description of the community resources explored prior to submitting this request for emergency services; the services that are needed to resolve the emergency; and the anticipated cost of the services needed to resolve the emergency. Please note that if there is not enough information submitted with the request, the person or agency submitting the request may be contacted for additional information or clarification.

DMAS and DMHMRSAS will work collaboratively to conduct necessary training in the near future on documentation and interpretations of the emergency criteria. Notification will be distributed as the training sessions are scheduled. Questions concerning the emergency criteria may be addressed to your assigned Community Resource Consultants.